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PULMONARY • CRITICAL CARE • SLEEP

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Notes from the Editor

Dear Readers,

The Centers for Medicare & Medicaid Services (CMS) released a proposed rule for both the 2010 physician fee schedule and the hospital outpatient services. While the final rule won't be published until November 2010 and won't be implemented until January 1, 2011, the CMS proposal includes a number of policies, good and bad, that would impact pulmonary, critical care and sleep communities.

On the plus side, the proposed rule increases the reimbursement rates for pulmonary rehabilitation and includes payment bonuses for eRx prescribing. It would also establish a new PQRI asthma measure group reporting code and update the practice expense database. All of these are positive changes for our specialty.

On the downside, the proposed rule does nothing to resolve the sustainable growth rate factor crisis, alludes to looming penalties for not participating in the PQRI program and suggests that certain pulmonary and sleep codes are over-valued. The ATS has submitted detailed comments on the proposed rule to CMS. The December issue of the *ATS Coding & Billing Quarterly* will provide details on the final rule and how it will impact practices in 2011.

On October 1, 2010, the new and revised ICD-9-CM diagnostic codes will become effective. This issue covers the codes that are of interest to those in the pulmonary, critical care and sleep communities.

Lastly, this issue responds to readers' questions on coding and billing.

Sincerely,

Alan L. Plummer, MD
Editor



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Q&A

No Deconditioning Diagnosis Code

Q. "Deconditioning" is a term often used by my providers when describing a patient's condition that includes breathing issues. If the patient were in the hospital/bed-bound for an extended period of time, I would consider a myopathy code such as **359.81**, Critical illness myopathy, or **780.79**, other malaise and fatigue (generalized weakness)—neither of which

exactly indicate a deconditioning that would affect breathing issues directly. Do you have any better suggestions? Would **786.05** shortness of breath, be a better choice? Often, obesity and/or lack of exercise are part of the equation that is considered in making a determination of deconditioning.

A. There is no diagnosis code for deconditioning. Usually, the patient

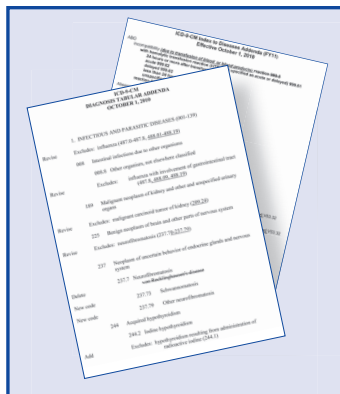
complains of shortness of breath with exercise, so **786.05** would be the best choice. Myopathy is incorrect, particularly ICU myopathy. Generalized weakness is also inappropriate, as the patient is usually not generally weak. Effective October 1, 2010, note that there will be a new overweight and obesity code, **278.03**, obesity hypoventilation syndrome (Pickwickian syndrome).

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ICD-9-CM Changes for Pulmonary, Critical Care and Sleep Medicine

The following changes to ICD-9-CM will become effective on October 1, 2010. Note that you always need to check both the Index and the Tabular List for selection of the appropriate diagnosis codes to include on your encounter form.

Official ICD-9-CM annual code revisions are referred to as addenda and the first volume of the addenda index is available on the National Center for Health Statistics (NCHS) Web site at www.cdc.gov/nchs/data/icd9/icdidx10add.pdf. The tabular list of diseases addenda (volume II) can be viewed at www.cdc.gov/nchs/data/icd9/icdtab10add.pdf.



- 237.7 Neurofibromatosis
 - 237.73 Schwannomatosis
 - 237.79 Other neurofibromatosis
- 276.6 Fluid Overload
 - 276.61 Transfusion associated circulatory overload; Fluid overload due to transfusion (blood) (blood components) TACO
 - 276.69 Other fluid overload, Fluid retention
- 278.0 Overweight and obesity
 - 278.03 Obesity hypoventilation syndrome Pickwickian syndrome
- 416.0 Primary pulmonary hypertension
 - Excludes: pulmonary hypertension NOS (416.8) secondary pulmonary hypertension (416.8)
 - 416.8 Other chronic pulmonary heart disease Pulmonary hypertension NOS
- 453.5 Chronic venous embolism and thrombosis of deep vessels of lower extremity
 - 453.51 Chronic venous embolism and thrombosis of deep vessels of proximal lower extremity
 - Femoral
 - Iliac
 - Popliteal
 - Thigh
 - Upper leg NOS
 - 453.52 Chronic venous embolism and thrombosis of deep vessels of distal lower extremities
 - Calf
 - Lower leg NOS
 - Peroneal
 - Tibial
- 453.6 Venous embolism and thrombosis of superficial vessels of lower extremity
 - Use additional code, if applicable, for associated long-term (current) use of anticoagulants (V58.61)

Acute Respiratory Infections (460-466)

- Excludes: pneumonia and influenza (480.0-488.19)
- 462 Acute pharyngitis (additions to parenthetical)
 - Excludes: that specified as (due to): influenza (487.1, 488.02, 488.12)
- 464 Acute laryngitis and tracheitis
 - Excludes: that associated with influenza (487.1, 488.02, 488.12)
- 465 Acute upper respiratory infections of multiple or unspecified sites
 - Excludes: upper respiratory infection due to: influenza (487.1, 488.02, 488.12)
- 480 Viral pneumonia
 - 480.8 Pneumonia due to other virus not elsewhere classified
- 484 Pneumonia in infectious diseases classified elsewhere
- 486 Pneumonia, organism unspecified
- 487 Influenza
 - Excludes: influenza due to novel 2009 H1N1 [swine] influenza virus (488.11-488.19)
 - influenza due to identified avian influenza virus (488.01-488.09)
 - influenza due to identified novel H1N1 influenza virus (488.11-488.19)
 - 487.1 With other respiratory manifestations, Influenza NEC
- 488.0 Influenza due to identified avian influenza virus
 - 488.01 Influenza due to identified avian influenza virus with pneumonia
 - Avian influenzal:
 - bronchopneumonia
 - pneumonia
 - Influenza due to identified avian influenza virus with pneumonia, any form
 - Use additional code to identify the type of pneumonia (480.0-480.9, 481, 482.0-482.9, 483.0-483.8, 485)
 - 488.02 Influenza due to identified avian influenza virus with other respiratory manifestations
 - Avian influenzal:
 - laryngitis
 - pharyngitis
 - respiratory infection (acute) (upper)
 - Identified avian influenza NOS
 - 488.09 Influenza due to identified avian influenza virus with other manifestations
 - Avian influenza with involvement of gastrointestinal tract
 - Encephalopathy due to identified avian influenza
 - Excludes: "intestinal flu" [viral gastroenteritis] (008.8)
- 488.1 Influenza due to identified novel H1N1 influenza virus
 - 488.11 Influenza due to identified novel H1N1 influenza virus with pneumonia
 - Influenza due to identified novel H1N1 with pneumonia, any form
 - Novel H1N1 influenzal:
 - bronchopneumonia
 - pneumonia
 - Use additional code to identify the type of pneumonia (480.0-480.9, 481, 482.0-482.9, 483.0-483.8, 485)
 - 488.12 Influenza due to identified novel H1N1 influenza virus with other respiratory manifestations
 - Novel H1N1 influenzal NOS

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- Novel H1N1 influenzal:
laryngitis
pharyngitis
respiratory infection (acute) (upper)
- 488.19** Influenza due to identified novel H1N1 influenza virus with other manifestations
Encephalopathy due to identified novel H1N1 influenza
Novel H1N1 influenza with involvement of gastrointestinal tract
Excludes: "intestinal flu" [viral gastroenteritis] (**008.8**)
- 514** Pulmonary congestion and hypostasis
Excludes: hypostatic pneumonia due to or specified as a specific type of pneumonia - code to the type of pneumonia (**480.0-480.9, 481, 482-482.9, 483.0-483.8, 485, 486, 487.0, 488.01-488.11**)
- 516** Other alveolar and parietoalveolar pneumonopathy
516.1 Idiopathic pulmonary hemosiderosis
Code first underlying disease (**275.01-275.09**)
Excludes: acute idiopathic pulmonary hemorrhage in infants [AIPHI] (**786.31**)
- 782** Symptoms involving skin and other integumentary tissue
782.3 Edema
Excludes fluid retention (**276.69**)
- 786** Symptoms involving respiratory system and other chest symptoms
786.2 Cough
Excludes cough: with hemorrhage (**786.39**)
786.3 Hemoptysis [adding fourth digits]
786.30 Hemoptysis, unspecified
Pulmonary hemorrhage NOS
786.31 Acute idiopathic pulmonary hemorrhage in infants [AIPHI]
Acute idiopathic pulmonary hemorrhage in infant over 28 days old
Excludes: pulmonary hemorrhage of newborn under 28 days old (**770.3**)
von Willebrand's disease (**286.4**)
786.39 Other hemoptysis
Cough with hemorrhage
- 799.8** Other ill-defined conditions
799.82 Apparent life threatening event in infant [ALTE]
Code first underlying diagnosis, if known
Use additional code(s) for associated signs and symptoms if no confirmed diagnosis established, or if signs and symptoms are not associated routinely with confirmed diagnosis, or provide additional information for cause of ALTE
- 970** Poisoning by central nervous system stimulants
970.8 Other specified central nervous system stimulants
970.81 Cocaine
Crack
970.89 Other central nervous system stimulants
- 995.9** Systemic inflammatory response syndrome (SIRS)
995.94 Systemic inflammatory response syndrome due to non-infectious process with acute organ dysfunction
Code first underlying conditions, such as: heat stroke (**992.0**)

V CODES

V13.66 Personal history of (corrected) congenital malformations of respiratory system

- V49.8** Other specified conditions influencing health status
V49.86 Do not resuscitate status
V49.87 Physical restraints status
- V85.4** Body Mass Index 40 and over, adult
V85.41 Body Mass Index 40.0-44.9, adult
V85.42 Body Mass Index 45.0-49.9, adult
V85.43 Body Mass Index 50.0-59.9, adult
V85.44 Body Mass Index 60.0-69.9, adult
V85.45 Body Mass Index 70 and over, adult

ICD-9-CM INDEX for October 1, 2010

- AIPHI (Acute idiopathic pulmonary hemorrhage in infants (over 28 days old) **786.31**
- Bird flu (see also influenza, avian) **488.02**
- BMI (body mass index), adult
40.0-44.9 **V85.41**
45.0-49.9 **V85.42**
50.0-59.9 **V85.43**
60.0-69.9 **V85.44**
70 and over **V85.45**
- Cough **786.2**
with hemorrhage (see also Hemoptysis) **786.39**
bronchial **786.2**
with grippé or influenza (see also influenza) **487.1**
hemorrhagic **786.39**
- Embolism thoracic (acute) **453.87**
- Fever **780.60**
posttransfusion **780.66**
- Fluid retention **276.69** and Retention, retained, fluid
Hemoptysis **786.30**
specified NEC **786.39**
- Hemorrhage, hemorrhagic (nontraumatic) **459.0**
bronchus (cause unknown) (see also Hemorrhage, lung) **786.30**
lung **786.30**
mediastinum **786.30**
pulmonary (see also Hemorrhage, lung) **786.30**
acute idiopathic in infants (AIPHI) (over 28 days old) **786.31**
respiratory tract (see also Hemorrhage, lung) **786.30**
- Hemosiderosis **275.09**
dietary **275.09**
pulmonary (idiopathic) **275.09** [**516.1**]
transfusion NEC **275.02**
- History (personal) of
congenital malformation
respiratory system **V13.66**
- Infection, infected, infective (opportunistic) **136.9**
respiratory **519.8**
- Influenza, influenzal **487.1**
avian **488.02**
pneumonia (any form classifiable to **480-483, 485-486**) **488.01**
respiratory infection (acute) (upper) **488.02**
novel (2009) N1H1 **488.12**
pneumonia (any form classifiable to **480-483, 485-486**) **488.11**
respiratory infection (acute) (upper) **488.12**
- Long-term (current) (prophylactic) drug use **V58.69**
- Overload
fluid **276.69**
- Pneumonia
Due to identified (virus)

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- avian **488.01**
- novel H1N1 **488.11**
- Retention, retained
 - fluid **276.69**
- Seizure(s) **780.39**
 - post traumatic **780.33**
- Spitting blood (see also Hemoptysis) **786.30**
- Sputum, abnormal (amount) (color) (excessive) (odor) (purulent) **786.4**
 - bloody **786.30**
- Status (post)
 - do not resuscitate **V49.86**
- TACO (transfusion associated circulatory overload) **276.61**
- Thrombosis, thrombotic
 - iliac (acute) (vein) **453.89**
 - chronic **453.79**
 - jugular (bulb)
 - external (acute) **453.89**
 - internal (acute) **453.86**
 - vein
 - antecubital (acute) **453.81**
 - axillary (acute) **453.84**
 - basilica (acute) **453.81**
 - brachial (acute) **453.82**
 - brachiocephalic (innominate) (acute) **453.87**
 - cephalic (acute) **453.81**
 - internal jugular (acute) **453.86**
 - radial (acute) **453.82**
 - specified site NEC (acute) **453.89**
 - subclavian (acute) **453.85**
 - superior vena cava (acute) **453.87**
 - thoracic (acute) **453.87**
 - ulnar (acute) **453.82**

E CODES

A number of pulmonary, critical care and sleep practices are unfamiliar with the Supplemental Classification of External Causes of Injury and Poisoning (E800-E999). E codes are reported for initial treatment only and are reported in addition to the primary diagnosis code representing the patient's injury or resulting condition. E codes for use by pulmonologists include codes for exposure to chemicals that cause lung damage and are available for use with lung trauma.

E codes effective October 1, 2011, include:

- E865** Accidental poisoning from poisonous foodstuffs and poisonous plants
Excludes: anaphylactic shock due to adverse food reaction (**995.60-995.69**)
- E884** Other fall from one level to another
 - E884.3** Fall from wheelchair
 - Fall from motorized mobility scooter
 - Fall from motorized wheelchair
- E885** Fall on same level from slipping, tripping, or stumbling
 - E885.0** Fall from (nonmotorized) scooter

The following E codes are to be used with toxic exposures the gases or chemicals.

- E868.3** Carbon monoxide from incomplete combustion of other domestic fuels
- E868.8** Carbon monoxide from other sources
- E868.9** Unspecified carbon monoxide

- E869.0** Nitrogen oxides
- E869.1** Sulfur dioxide
- E869.4** Second-hand tobacco smoke
- E869.8** Other specified gases and vapors-chlorine

These codes can be used with adverse effects from drug therapy.

- E930.0** Penicillins
- E930.3** Erythromycins and macrolide antibiotics
- E930.4** Tetracyclines
- E930.5** Cephalosporins
- E930.6** Antimycobacterial antibiotics-INH, PAS, rifampin, etc.
- E931.0** Sulfonamides
- E932.0** Adrenal cortical steroids
- E933.0** Antiallergic and antiemetic drugs—antihistamines
- E945.4** Antitussives—cough medications
- E945.5** Expectorants—acetylcysteine and guaifenesin
- E945.6** Anti-common cold drugs
- E945.7** Antiasthmatics—theophylline
- E945.8** Other and unspecified respiratory drugs

Proposed Pulmonary Rehabilitation Payment Changes

The CMS is proposing two changes to the pulmonary rehabilitation code (**G0424**) that will, if implemented, increase reimbursement for pulmonary rehabilitation. The CMS is proposing to replace the **G0424** reference code for physician work value (CPT **93797**—cardiac rehab without monitoring RVU 0.18) with a different reference code (CPT **93798**—cardiac rehab with monitoring—RVU 0.28). The result is a 0.10 RVU unit increase in the value of the code. Additionally, the CMS has proposed increasing the clinical staff labor time for **G0424** from 15 to 30 minutes of a respiratory therapist's time. While less than what the ATS had recommended, the additional 15 minutes is a welcome change and will increase the reimbursement value of the **G0424** code. The ATS had originally highlighted both of these issues throughout the 2010 rule-making process and continued to emphasize their importance in follow up meetings with the CMS.

Q&A

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Pleural Plaques

Q. Pleural plaques is another ambiguous phrase. Is **511.0** (thickening of pleura) an appropriate code? Should it be used in conjunction with a cause such as asbestosis exposure?

A. ICD-9-CM **511.0** for pleural plaque is appropriate. If the patient has been exposed to asbestosis, but pulmonary asbestosis (**501**) has not been diagnosed, then **V15.84** (history of asbestos exposure) can be used in addition to **511.0**.